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PTO/SB/01 (10-01)

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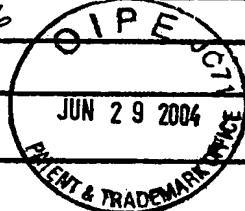
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted OR
with Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	OST-021127
First Named Inventor	Albert
COMPLETE IF KNOWN	
Application Number	10 / 657-756
Filing Date	9/8/03
Art Unit	
Examiner Name	



As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Katadioptrisches Projektionsobjektiv sowie Verfahren zur Kompensation der intrinsischen Doppelbrechung in einem solchen

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **09/08/2003** as United States Application Number or PCT International

Application Number 10/657,756 and was amended on (MM/DD/YYYY) _____ **(if applicable).**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional formic application numbers are listed on a supplemental minority data sheet (TC/DR/ISPR - Attached hereto).

Page 1 of 31

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22876	OR	<input type="checkbox"/> Correspondence address below
Name Jody L. Factor					
Address 1327 W. Washington Blvd., Suite 5G/H					
City Chicago		State IL		ZIP 60607	
Country USA		Telephone (312) 226-1818		Fax (312) 226-1919	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Michael		Family Name or Surname Albert			
Inventor's Signature	<i>Michael M. Albert</i>			Date 9/1/2003	
Residence: City Seymour		State CT	Country USA	Citizenship US	
Mailing Address 51 Buckingham Rd.					
City Seymour	State CT		ZIP 06483	Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Vladimir		Family Name or Surname Kamenov			
Inventor's Signature				Date	
Residence: City Oberkochen		State	Country Germany	Citizenship Bulgaria	
Mailing Address Heinz-Küppenbender-Str. 23					
City Oberkochen	State		ZIP D-73447	Country DE	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Attorney Docket Number		OST-021127
First Named Inventor		Albert
COMPLETE IF KNOWN		
Application Number	10/657,756 OIPE C-1	
Filing Date	9/8/03 JUN 29 2004	
Art Unit		
Examiner Name		

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My residence, mailing address, and citizenship are as stated below next to my name.

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Application Number 10/657,756 and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **22876** OR Correspondence address below

Name **Jody L. Factor**Address **1327 W. Washington Blvd., Suite 5G/H**City **Chicago**State **IL**ZIP **60607**Country **USA**Telephone **(312) 226-1818**Fax **(312) 226-1919**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Michael	Family Name or Surname Albert
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Inventor's Signature	Date
-------------------------	------

Residence: City Seymour	State CT	Country USA	Citizenship US
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Mailing Address **51 Buckingham Rd.**

City Seymour	State CT	ZIP 06483	Country USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Vladimir	Family Name or Surname Kamenov
---	--

Inventor's Signature X V. Kamenov	Date X 07.31.2003
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Residence: City Oberkochen	State	Country Germany	Citizenship Bulgaria
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Mailing Address **Heinz-Küppenbender-Str. 23**

City Oberkochen	State	ZIP D-73447	Country DE
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.